



# ALABAMA STATE BOARD OF COSMETOLOGY

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Web Site: www.aboc.state.al.us

Attach 2" x 2" photo here

## PERSONAL LICENSE RENEWAL 2005-2007

### REQUIREMENTS

1. **FEE:** Active Renewal – **\$80.00** • Inactive Renewal - **\$35.00** • Shampoo Assistant - **\$40.00**  
**Money Order, Cashier's/Certified Check or Salon Check Only. Personal Checks not Accepted**
2. Renewals Require current results of TB Skin/X-Ray.
3. **One 2"x2" professional passport photo is required. Computer-generated not accepted.**
4. **Copy of current driver's license is required.**
5. Inactive Renewals Do Not Require TB/Skin-X-Ray Result
6. **Master and Instructor Renewals Require Proof of Sixteen (16) Hours Continuing Education**
7. **Upgrades to Manager or Master:** Please Include the Correct Application and fee with This Form
8. Check Here \_\_\_\_\_ for Masters Not Completing Continuing Education: Downgrade to Manager
9. Name Changes Require Copies of Marriage/Divorce Certificate, Driver's License or S/S Card
10. Application Must be Received in Office by Last Day of Birth Month

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Record ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street City County Zip

Mailing Address if Different \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ S/S# \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Employer Name \_\_\_\_\_ (Check here if not employed) \_\_\_\_\_

Employer Address \_\_\_\_\_ County \_\_\_\_\_ Phone \_\_\_\_\_

### OFFICIAL TB SKIN/X-RAY CERTIFICATE

*Results of test must be no more than one (1) year old when received at the Board Office. If test is positive, a physician's statement must accompany this certificate.*

Applicant \_\_\_\_\_ Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Skin Test/Chest X-Ray: Negative ( ) Positive ( )

Signature of Official Conducting Test \_\_\_\_\_ Title \_\_\_\_\_

### ABOC USE ONLY

Ck# \_\_\_\_\_ Py Type \_\_\_\_\_

Fee \_\_\_\_\_ Lt Chg \_\_\_\_\_ Total \_\_\_\_\_

ACCT date \_\_\_\_\_ By \_\_\_\_\_

Date proc/ret \_\_\_\_\_ By \_\_\_\_\_

Note: \_\_\_\_\_

**AMOUNT ENCLOSED: FEE (LATE CHARGE \$25.00) TOTAL**

**I hereby certify that all the above information is true and correct.**

Signature of Licensee \_\_\_\_\_

Date \_\_\_\_\_

Form PR1.Revised 11/04. Supersedes all previous forms